



Office of Public Health Preparedness
 707 N. Armstrong Pl.
 Boise, ID 83704-0825
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 Fax (208) 327-8554
cdhd.idaho.gov

Idaho Central Health District Medical Reserve Corps

Central District Health promotes wellness in our communities through education, prevention of disease and disability, and preservation of the quality of our environment.

In the event of a public health emergency, Central District Health (CDH) has a lead role to organize support staff and medical staff volunteers who are interested in helping Ada, Boise, Elmore and Valley counties prepare and respond to acts of bioterrorism, naturally occurring infectious disease outbreaks, or to other public health emergencies. If you would like to become involved with our emergency response program, and become a registered member of our Medical Reserve Corps, please fill out and return this form to our office. An on-line registration form is also available at:

cdhd.idaho.gov/conf/php_vol.cfm

Personal	First Name		Last Name		County of Residency	
	Street Address		City	State	Zip Code	Date of Birth
						____/____/____
	Daytime Telephone		Cell Number		Email	
	()		()			
Volunteer interest	Emergency Contact Information					
	First Name		Last Name		Contact Number	
	In a public health emergency, CDH will need a large number of BOTH medical and non-medical volunteers. What specific service category are you interested in volunteering for?					
	<input type="checkbox"/> Physician Volunteer – performs a range of physician services in an emergency clinical setting. <input type="checkbox"/> Nurse Volunteer – performs clinical evaluations in an emergency clinical setting. <input type="checkbox"/> Pharmacist Volunteer – performs pharmaceutical services in an emergency clinical setting. <input type="checkbox"/> Support Staff Volunteer – performs a wide variety of tasks in an emergency clinical setting.					
Optional	What is your current occupation?					
	CONFIDENTIALITY STATEMENT: As a volunteer I recognize and understand the need and the importance of maintaining the confidentiality of all clients and related information, and do hereby agree to keep that confidentiality.					
	Signature:			Date:		
PHP	Occupation, work and/or volunteer experience					
	Education, interests, hobbies, fluency in language other than English, etc.					
FOR INTERNAL USE ONLY						
Program Assigned to: _____ Job Title: _____ Name Tag Number _____ Supervisor: _____ Signature: _____						